



TRANSFER

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE

DIVISION OF MOTOR VEHICLES
100 Main Street
Pawtucket, RI 02860

TRANSFER APPLICATION – TO TRANSFER A DEALER'S LICENSE FROM ONE LOCATION TO ANOTHER CONFORMING LOCATION

THIS APPLICATION MUST BE SUBMITTED IN FULL PRIOR TO RELOCATING AND MUST BE APPROVED AND FINALIZED PRIOR TO RELOCATING. OTHERWISE, A FIRST APPLICATION IS REQUIRED.

IN ORDER FOR THIS OFFICE TO ACCEPT A TRANSFER APPLICATION, WE MUST HAVE ALL OF THE FOLLOWING:

1. APPLICATION FORM STATING NEW BUSINESS ADDRESS, CITY/TOWN; COMPLETED IN FULL, SIGNED AND NOTARIZED.
2. 4 PICTURES OF OUTSIDE OF BUILDING, SHOWING ENTIRE BUILDING AND LOT DISPLAY AREA FROM ALL ANGLES (EXTERIOR ONLY).
3. FORMAL LEASE (FOR A MINIMUM OF ONE YEAR FROM THE DATE WE RECEIVE IT), STATING THE TOTAL SQUARE FEET OF BUILDING SPACE AND THE TOTAL SQUARE FEET OF OUTSIDE AREA BEING LEASED, INCLUDING TERMS OF LEASE, EXACT ADDRESS, SIGNED BY BOTH PARTIES (LESSOR AND LESSEE). PROOF OF OWNERSHIP (DEED ONLY) IF THE DEALERSHIP OWNS THE BUILDING AND PROPERTY ONLY, SIGNED AND NOTARIZED.
4. COPY OF CITY/TOWN LICENSE IF THE CITY/TOWN REQUIRES ONE. IF CITY/TOWN DOES NOT REQUIRE CITY LICENSE, THEN A LETTER OF ZONING APPROVAL, ISSUED TO NEW APPLICANTS, STATING YOU ARE ALLOWED TO SELL MOTOR VEHICLES AT THE NEW ADDRESS.
5. IF A FRANCHISED DEALER, THEN YOU MUST FIRST COMPLY WITH RHODE ISLAND GENERAL LAW, 31-5.1-4.2 – (HAVING THE MANUFACTURER/DISTRIBUTOR ISSUED LETTER (S) OF INTENT TO RELOCATE EACH FRANCHISE, ETC.). IF NO PROTESTS ARE RECEIVED AFTER 30-DAY PROTEST PERIOD, YOU MAY THEN FILE THIS TRANSFER APPLICATION.

UPON OUR RECEIPT OF ALL OF THE ABOVE DOCUMENTATION, OUR OFFICE WILL INVESTIGATE THE NEW LOCATION AND SUBMIT BEFORE THIS OFFICE FOR POSSIBLE APPROVAL. IF GRANTED, YOU WILL HAVE 30-DAYS (MAXIMUM) TO FINALIZE THIS APPLICATION. AN APPOINTMENT IS NECESSARY TO FINALIZE YOUR TRANSFER AND STATED DOCUMENTS.

6. PICTURE OF THE 24 SQ. FT. SIGN STATING EXACT DEALERSHIP NAME WITH LETTERING OF SUFFICIENT SIZE, ON THE BUILDING.
7. \$100.00 LICENSE FEE
8. "RIDER" ON SURETY BOND – CHANGING BUSINESS ADDRESS TO NEW ADDRESS.
9. A NEW GU-1338A INSURANCE FILING – MAILED TO FINANCIAL RESPONSIBILITY FOR DEALER PLATE INSURANCE UNDER NEW ADDRESS.
10. A BUSINESS TELEPHONE NUMBER FOR DEALERSHIP AT NEW LOCATION.
11. DEALER LICENSE CERTIFICATE RETURNED UNDER OLD ADDRESS FOR CANCELLATION.
12. CHANGE ADDRESS WITH THE SALES TAX DIVISION, 1 CAPITOL HILL, PROV., RI 02908
13. IF FRANCHISED DEALER, LETTER OF APPROVAL FROM EACH MANUFACTURER OR DISTRIBUTOR. (IT CANNOT BE THE LETTER OF INTENT).

DATE _____

1. Give the precise area in measurements to be utilized for sale of vehicles. Building and outside display area.

2. This form and application must be complete before it will be accepted.

NAME OF DEALERSHIP _____

LOCATION _____

PRINT NAME AND POSITION _____

SIGN NAME AND POSITION _____

BUILDING

- A. Measurements of the building to be used for Auto Sales only.
- B. Must be 2,400 sq. ft., 4,800 sq. ft. if you have a body shop.
- C. Please show garage doors and entrance to building.

OUTSIDE DISPLAY AREA

1. Must be 2,400 sq. ft. to be used only for sale of vehicles 4,800 sq. ft. if you have a body shop.
2. Please show entrance and exits of display area.

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100 MAIN STREET
PAWTUCKET, RHODE ISLAND 02860

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APPLICATION FOR MOTOR VEHICLE DEALER'S LICENSE

Date: _____

1. Name of firm: _____
2. Principal business location: _____
Business phone number: _____
3. Location of branch offices (if any): _____

4. Type of Dealer:
New vehicles only () Used vehicles only () New & used vehicles ()
- 4a. If new car dealer, estimate number of dealers selling same make of car
in your city or town: _____
5. Type of Vehicles:
Passenger cars only () Motorcycles ()
Trucks only () Tractor-Trailers ()
Passenger cars & trucks ()
6. How long have you been established as a dealer? _____
7. If a new car dealer, what make of vehicles? _____
8. Have you a dealer's Contract or Franchise? Yes () No ()
9. Franchise or Contract:
Name: _____ Address: _____ Date: _____

10. Floor Space: Sales _____ Service _____
Yard Space: Sales _____ Service _____
Value of service station equipment: _____
11. Give names and addresses of all officers and members of firm:
Title: Name: Residence Address:

12. Number of salesmen employed: _____
13. Business References: _____

I, the undersigned, hereby declare that I am _____ of the
_____ Title if any
above firm and that the above information is true to the best of my
knowledge or belief.

Written signature of applicant _____

State of Rhode Island

County of _____

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public